UTILITY PATEN TRANSMITTAL U	ATTORNEY DOCKET 87018DMW Customer No. 01333							
To: Commissioner for Patents			Express Mail Label No.					
P.O. Box 1450 / Alexandria, VA. 22313-1450			EV293510375US)	
Mozalidita, VM. 22515-1450				/	,	Ţ	10/715039	
METHOD AND SYSTEM FOR VIDEO			Date:	_////	7/03	o	50	
FILTERING WITH JOINT MOTION AND NOISE ESTIMATION						φ	Ž	
						7227	19	
First Named Inventor (or Application Identifier):							-	
Zhaohui Sun, et al								
Enclosed are: 1. X Specification			6. Assignment of the invention to					
2. 6 Sheet(s) of drawing(s)			7. Certified copy of a priority					
3. Information Disclo	8. X Letter under Rule 53							
1.97.4. Combined Declaration for Patent Application and Power of A								
4. Combined Declaration for Patent Application and Power of Attorney:4a. New								
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)								
5. Incorporation by Reference (useable if Box 4b is				9. <u>Deletion of Inventor(s)</u> .				
<u>checked</u>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b,				Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and				
is considered as being part of the disclosure of the accompanying 1.33(b).							•	
application and is hereby incorporated by reference therein. 10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,								
after the title, by inserting the following:								
 CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No. , 								
filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:								
12. X Please address all written communications to Pamela R. Crocker, Patent Legal Staff,								
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to David M. Woods at 585-477-5256.								
The filing fee has been calculated	_	i ivi. w oods a	1 363-477-32.					
FOR:	NO. FILED	NO. EXTRA	A RAT	E	FEE			
BASIC FEE TOTAL CLAIMS	18 - 20 =	-2	x 18		\$ 1	770 \$ 0		
INDEPENDENT CLAIMS	2 - 3 =	-1	x 86			\$0		
MULTIPLE DEPENDEN	IT CLAIM PRESEN	TED		290 TAL	•	\$ 0 <u> </u> 770		
				TAL	Ф.	770		
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 770								
A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under								
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .								
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DMW/RGR	vid M. Woods orney for Applicants							
Telephone: 585-477-5256 Registration No. 22,363 Facsimile: 585-477-4646								